American Federation Of Government Employees

A.F.G.E.
LOCAL 1620

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Good Morning/Afternoon I am grateful for the opportunity to address this Commission.

My name is Victor H. Allyn Jr., President of American Federation of Government Employees (AFGE) Local 1620. I am also a veteran of the United States Marine Corp (USMC) and I have 33 years working for the Department of Veterans Affairs and almost 25 years at the Livermore VA. I represent the employees at the Livermore VA, which is part of the VAPAHCS. I am proud to say that they are some of the hardest working and most dedicated employees that work for the Dept. of Veterans Affairs. The employee's dedication has been stated many times by veterans at meetings that have been held by Facility Directors and VISN Directors.

I know that there has been a lot of work put in the CARES plan but I believe that the process has some major flaws. The plan is to enhance services but it fails to address the expected demand for veteran's long term and extended care needs. The VISN 21 plan states that the veteran will get more care not less and what I see is that when 80 beds are

moved to Menlo Park and 40 beds contracted out the veterans will lose. The veteran will have to add 2 more hours to their travel time to a 1-1 ½ hour trip to Livermore Division, that means "family" too. And we are not talking about young people whom have to travel; it is a wife or husband that are family that have to travel.

There is something I would also like to point out about moving the 80 beds to Menlo Park, there is no one that could say that our setting here at the Livermore Division isn't a perfect setting for long term and extended care. We have the wild turkeys, deer and a very safe setting. Menlo Park is ok but I am not sure it is as safe as it is here, that is because of where the Menlo Park facility is. This is not to put Menlo Park down; it is just the fact that we hear from our police on a daily basis. I think this is important to the veteran and his/her family who have to go there.

There is the other plan that is the contracting out of 40 beds to the community. There is a report on the state of the community nursing homes in California; they are in major trouble with the baby boomers approaching retirement age. California's population age 65 and older is expected to grow by 140 percent in the next 30 years and I don't see where the beds will be found in the community. The other problem with this is in the 120 bed nursing home, 30-40 beds are Alzheimer's/Dementia veterans. Where will these veterans fit in the contract nursing home? The big problem with this is the VA's own projection's that we will need more than 17,000 beds to meet the statutory requirement for veterans needing long term and extended care

entitlement which was part of the Veteran's Millennium Health Care Act. If these beds are in the community care the veteran will not get enhanced care, if any. One other point I would like to make is that CARES was to be a data driven process there is **NO** data in the CARES process that reduces longterm or extended care. The process in which the VA's picked for closure was done in a vacuum in VA headquarters. I also think it was with little regard of the effect it would have on the veterans and their families and also on the dedicated employees that take care of them. There was even talk that we might have to add 20 beds to the Livermore Division Nursing Home at a later date before this last minute directive came down.

VISN 21's plan is also to relocate 30 sub-acute beds to Palo Alto; this is a short stay ward and rehab. The veterans are only there a short time and either goes home or to the Nursing Home, this also means the veterans and family have to endure the extra travel. It also means that anyone who is referred by one of the clinics in the valley will be traveling that extra 2 or more hours to Palo Alto.

I have another point, I have to point out to the Commission that some where in VISN 21's paper work is a statement about the infrastructure at the Livermore Division. It is very confusing with all the things that we have done to keep Livermore up to date facility it has had earthquake retrofit and many other things. I believe in the last 5-10 years we have put approx. 41 million dollars into the up keep to have a facility that is modern and up to date.

I would also like to point out in the past one to two years there has been about 5 million dollars in upgrading the nursing home first floor, fire alarm system, new phone switch and a new food delivery system along with new elevators, and many other things to numerous to mention. I am very concerned given all this as a veteran, employee and tax payer, this does not make any sense to me to be talking about closing Livermore at anytime even five to seven years in the future. VISN 21's plan for the other services at Livermore like ambulatory care will be moved to the Community Based Outpatient Clinic's (CBOC'S) to be built in the valley and the East Bay. The CBOC 's will cost approx. 5 million dollars a piece.
The nursing home beds at Menlo Park will be in a "new" 200-bed nursing home to be built at the approx. cost of 10-20 million dollars when it is all said and done. I hope all this will be taken into consideration before we start to lose anything at Livermore.

I have one other major point to make about all this talk of closing Livermore. There are 300+ employees at Livermore. I know that it has been stated that VA Palo Alto will take care of these employees; my concern is that some of the employees will go to the CBOC's and some will go to Palo Alto and Menlo Park. The employees that go to the Valley CBOC's will lose a large part of their paycheck because of the locality pay that they receive at Livermore. This means we will lose many of our younger employees to other community hospitals. We are already losing nurses and other employees with the talk of a

possible closure. I believe that we lose the quality of care that the veterans have always received here at Livermore.

The other problems I see is that about 1/3 of the employees are going to have to make the extra 2 hour drive to Palo Alto and Menlo Park which means they lose money due to the costs involved, i.e. travel, child care, etc.

I know the Commission has a monumental task ahead of them and it is going to be a very tuff job. I have raised a lot of concerns that I am hoping you will look at very long and hard. The recommendations that you will make will affect a lot of people, veterans, their families, employees and even the taxpayer whom will have to fund all the monies they want to spend.

There is a lot more that I could say but I think you get the points I have tried to make.

I thank you again for this opportunity to speak to this Commission.

Respectfully Submitted,

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Livermore Division VA Hospital

CARES Commission Testimony
David Renfro, RN, BSN, CCRN
October 1, 2003

It is an honor to testify before you on this very remarkable day. I speak to you on behalf of the patients in the VA and in representation of NOVA, the Professional Nurses Organization for the VA. NOVA has but one Mission: quality healthcare for veterans; that is all that I will speak to. I am the President of NOVA's VA Palo Alto Health Care System Chapter composed of 258 VA Registered Nurses. My name is David Renfro. I am a VA nurse and I too, am a Veteran. I served in the Iran-Iraq war on the USS Shasta AE-33 and in Desert Storm. I am married to a VA Registered Nurse, Denise Renfro, who is also a veteran. Her mother Mary Moore, is also a veteran; my father Daniel Jones is a disabled Vietnam veteran, and lastly, my late grandfather Louis Diogenes was a highly decorated WWII veteran and a Purple Heart Recipient. I trust that this family history describes to you where my passion and heart lies. I am speaking to you today as the President of our chapter, but it is the courage and spirit of my veteran culture that breathes life into these meaningful words.

If not for veterans protecting our lands with the known expectation of death in doing their duty, we, ladies and gentleman, would not be having this discussion; we would not be trying to save Livermore Division or build more clinics. It isn't about what the veterans want, or what the VA wants, or what CARES deems appropriate. In this juncture I know that it is about what the veteran needs. They, Commissioners, need Protection. It is our duty to ensure that the unique needs of veterans are met. It is our role as advocates to ensure that we hear the voices of our veterans, to feel the pulse of their needs, and to risk

it all for what is right. I know as a dad and as a nurse administrator that occasionally the best thing isn't always the most efficient thing to do. It is my role in that situation to see how I can do the right thing, and yet the responsible thing. I am imploring you to make the responsible decision on behalf of the quality of health care for veterans.

My recent tour of Livermore Division connected me with veteran patients, volunteers, and staff. The patients I interviewed had not spoken with you directly, and, considering their health, I fear that none of them will be writing and sending you their comments. Many are now not able to advocate for themselves in the way that they advocated for us with their lives. There are fears, and these fears are real. They fear that the compassionate, comprehensive, and well co-ordinated clinic care they receive at Livermore will fracture into cold, impersonal "efficiency". One articulate veteran stated, "Here we are in a culture where everyone understands us. We don't have to explain ourselves, we are just like the others. The VA staff are like family to us; they understand veterans." This veteran's words speak volumes to any VA employee. I seriously question their impact on staff in community nursing homes or clinics. One clinic nurse pointed out that the very busy Livermore GI (gastrointestinal) clinic would relocate to Palo Alto Division, not to either of the proposed substitute sites. If some veterans in the NHCU in Livermore are placed in the community, they risk losing their identity as veterans; recognition of status as a veteran is an important therapeutic program focus for many patients whose pasts were far more vital than their presents. Nursing home patients, their families, and the huge cadre of dedicated Livermore Division volunteers (many of whom are veterans or spouses of veterans) fear poor access to care in a setting 30 miles further

west of their homes. The adjunctive programming supported by volunteers at Livermore will be seriously threatened by making it difficult for these volunteers to drive to Menlo Park where 80 of their veteran colleagues would be relocated.

I don't need to tell you about the demographics of Livermore, its history, its purpose or mission; rather I want to tell you things about Livermore perhaps otherwise hard for you to know. In addition to the already mentioned benefits of the large committed corps of volunteers at Livermore whose talents extend the programming available by paid staff, the pastoral setting of this division provides a distinct structure for distancing veterans from drugs and alcohol. Living geographically distant from the ready temptations so easily available on Menlo Park Division's Willow Road and environs removes the access to substances which have contributed so heavily to these veteran's chronic illnesses. A quick scan of VAPAHCS police records reveals that the major VA police activity is at Menlo Park. By contrast, Livermore Division is relatively quiet; veterans living in the nursing home there generally enjoy a calm rural setting free from the chaos of the city and its substance abuse issues. For many, the setting enhances their health. They simply cannot get into trouble out in the country.

Now let's speak of clinical benefits veterans receive in a VA setting vs. a non-VA one. It is critical to examine the difference between how VA nurses "see" our veteran patients, relative to our well-meaning colleagues in community health care settings such as Skilled Nursing Facilities. VA nurses have a distinct culture of care as do the veterans we care

for. The most honored words in my VA setting are POW, PTSD, MIA, Purple Heart and Veteran. These words not only bring definitions to acronyms, but also bring procedure, trust, confidence, passion, empathy, and a will to do all that can be done to make each veteran feel highly respected, safe, honored, and most of all protected from what haunts him or her daily. The shared understanding of issues unique to veterans between veteran patients and VA nurses makes us strong, it makes us vulnerable, and it makes us proud. VA nurses are concerned greatly that the quality of care for veterans could be threatened by separating veterans from peers and from VA nurses whose culture is marked by strong empathy for the veteran experience, as would be the case if nursing home patients were placed in various community skilled nursing facilities.

Let me illustrate the risk by describing the environment of care that VA nurses provide for our POW veterans in contrast with care likely to be found in the community. First of all, everyone on the unit knows when a patient is a POW; it is a symbol that instantly evokes honor and admiration. No questions asked, we silently mobilize treatment plans to include dim lights remaining on in the room, to minimize any discussions in the corridors, to disallow foreign language spoken anywhere, to make our presence known at all times, and to use restraints only as a last resort. The very stable VA nursing staff recognize veteran patients' subtle behavioral changes which often suggest physical decline or looming acute illness and marshall VA resources at hand to respond to the veteran's urgent health needs. In non-VA settings with high staff turnover rates, frail veterans with co-morbid cognitive and physical impairments risk receiving care by short term staff who cannot recognize unique behaviors that spell probable infection or other

acute illness. In a non-VA nursing home, no physician is available to evaluate them daily in their familiar environment. Unlike in the VA, where there is a doctor in house seven days a week, in the community the physician is required to visit only 12 days per year, or one day per month, often only to write a brief note. No special care will attend to their needs, and if history proves itself correct, their life expectancy will be decreased. When Mr. Veteran, known in the VA as a Purple Heart, highly decorated soldier, is transferred to a community nursing home, he will be known as an 84y/o Caucasian male, right sided above the- knee- amputee (AKA). It will not matter to staff in community facilities if he lost his leg in WWII or if it was secondary to Insulin Dependent Diabetes. VA nurses know that he is a POW; in the community they may not understand this term or have knowledge of the pain one has borne to receive this title. At night when it is dark and this POW hears only the tongue of a foreign nurse and be comes agitated and by now terrified, the staff will likely come in the room and perhaps either turn down the lighting or close the door. We in the VA know that this is not the appropriate decision for a POW, but it is likely that community staff won't. This intervention may work for non-veteran elderly patients, but with a POW, VA nurses know to provide what works best for him: sometimes a walk on the unit with staff, sometimes a solo walk, and sometimes sleeping with the door open and the lights on.

It is a strong risk at this point for the community. The POW's fear and anxiety may be a trigger for staff to place him in restraints. This, ladies and gentleman, is where it all may go sour. Can you for a minute process what will go through this POW's mind? How about if he has PTSD also? Restraining this veteran in a closed dark room will only multiply his fears, and terror. I would bet that the Veteran would plea not to be tied up,

perhaps again, and again and again. The pleas will be perceived as agitation, and the restraints may remain on.

We must speak of nursing home care and clinic care as a coordinated approach to continuity of care. Nursing Home patients very much benefit from ready access to specialty clinics which provide important adjunctive care such as Livermore Division's orthopedic, cardiology, plastics, surgical, gastrointestinal, urology, dermatology, eye, and podiatry clinics provide. Having these specialty clinics on campus avoids strenuous and costly treks several miles away to Palo Alto. I know that this has been an issue for NHCU veterans at Menlo Park, as the division has to rely on non-VA travel and often send a staff member off for hours as an escort. Ready access to clinic care is a vital issue for these nursing home veterans if relocated to Menlo Park or to the community. Additionally, staffing clinics in the Valley locations already has proven a challenge, especially in physician recruitment. Urology clinic at Livermore and in the Valley was without a physician for a long time.

I cannot begin to inform you of my intelligence and reasoning for why we should modify Livermore versus relocate. But I have put my finger on the pulse of our veteran patients in Livermore where I had the opportunity to listen to veterans of many historical wars. There is a common thread or bond among all of these men and women vets, whether it be Korea, WWII, Vietnam or more recent places of combat. The basic fact of military service even transcends branch of service when one vet meets another. The important connection is that of having served in the pursuit of this country's military service. For veterans living in the Livermore NHCU, this is their home, their safe place, and their

meeting grounds. To consider closing the nursing home, the sub-acute unit, and the system of clinics there would seriously threaten the quality of health care veterans now receive and deserve to continue to receive.

CARES PUBLIC HEARINGS

Ladies and gentlemen of the CARES Commission, members of the VA administration, our congressional epresentatives and their staff, and our most distinguished guest the VETERANS, their families and caregivers. I am honored to be here to speak for the the bargaining units of AFGE local 2110 which includes all staff with the exception of administrative personel. I am Bill Luttrell president of local 2110 of AFGE which represents the employees of the Palo Alto Health Care System, a vibrant system of healthcare and research for the Bay Area and beyond, a facility of over 3500 individuals dedicated to the care of our deserving veterans.

I am here to protest the Bush Administration CARES plan which if instituited as now planned would leave elderly vererans out in the cold. I have been with the VA system since 1987 and each year we are asked to to do more with less, we now must say NO!! Enough is Enough- it is time for our elected officials to stand up to the promises made long ago to provide lifetime care for those who fought and sacrificed to secure our freedom, in a country with so much wealth we must not sit by and accept the lame excuses that we can not afford to care for our veterans, our elderly and our children. In any society ther must be priorities and in ours it must be to care for and protect those who can not care for themselves. When our veterans were asked to serve in WWII, Korea, Vietnam,Kuait ,Iraq and the many other places around the globe they answered the call without questioning how their actions would effect their future or their families, they did not ask if they or we could afford it-Now it is our turn to repay without questioning, a time to insist that our government keep promises made which they have begun to ignore and have gone to court to justify their illegal and cowardly actions.

It is a fact that the population of elderly veterans will grow by 500,000 over the next 7 years and the number of elderly veterans (age 85-plus) will triple to over 1.3 million for at least the next 20 years.
The implication of the CARES plan is that none of thes veterans will receive long term care at VA facilites. Rather , their care will be privatized and they will not have the benefit of specialized, Veterans' only facilites. Providing Veterans care at Veterans' facilites was a SOLEM PROMISE that CARES tries to break. Privatization of veterans' long term care- either for those with dementia or psychiatric problems- is neither cost effective or consistent with the promise of lilfe-term care our nation has made to our veterans population.

Closing VA facilities that can or have been refurbished to meet the long term care needs of the large and growing population of elderly veterans wastes precious dollars that should be used for veterans. The CARES plan says that it includes both closures and expansions. Nothing should be allowe d to close until all expansions are funded, built and operational. To do so risks depletion of the veterans' system's capacities and when capacity is lost , the VA will be able to privatize and say " no one will lose his/her job."
The CARES plan means the destruction of thousands of good jobs held overwhelmingly by veterans- which will increase the number of indigent veterans needing care and housing. Jobs at VA faccilites carry with them good pensions, health insurance, regular salary adjustments, training and career development potential. Commitment to veterans is a top motivator of this diverse workforce, the same can not be said for private facilites where veterans will be a minority and no one will consider their special needs and/or problems.
The private sector nursing home industry trade association estimates the cost per patient for long term care will exceed $100,00 per year in the next decade, and much higher in California. The not-for-profit veterans' system can provide superior care to veterans for a lowercost. Private nursing homes are notorious for under-staffing , staffing with less educated staff and relying mostly on nursing assistants and fa g to provide any continuity of care since turnover is very high and moral very low. The constant pressure for profits in the industry makes patient care a low priority and making a profit the higest priority.

This is not the standard of care our veterans deserve.

Our present facility here a Livermore has the main hospital building which could be quickly returned to patient care rooms to help provide the needed long term care beds we will need in this area as drastic cuts are expected in medical and medicare re-embursement for care. It is projected that 97% of not-for - profit SNFs extended care facilities in California will fold in the next 20 years. California's supply of nursing home beds is among the lowest in the country, at 31 beds per 1,000 people 65 or older, compared to the nationwide ration of approximately 49 beds per 1,000 elderly. Moreover , there is a striking imbalance in bed supply across counties within the state, this is of great concern as the state's elderly population is projected to grow significantly over the coming decades. Projected population growth for the 65+ cohort suggest the need for 67,000 additional nursing home beds (nearly a 60% increase) by 2020. Eighty-four percent of Califfornia's freestanding SNFs were built and licensed before 1975 and will soon require substantial renovation or wholesale replacement, yet the current Medi-Cal reimbursement system provides no incentive for capital investment or new construction. Who will care for our veterans when we shut our doors?
With the Medicare cuts that took effect in October 2002 and the proposed Medi-Cal rate cuts of 15% in 2003 it is estimated that 70% of facilities will experience net annual losses, nearly twice the percentage that had operational losses in 2001.
Time does not allow me to cover the problems facing the California Nursing Home Industry which CARES is counting on to take our governments veteran rejects. I am enclosing a copy of the California HealthCare Foundation Study of The Financial Health of the California Nursing Home industry- this study done by Shkattuck Hammond Partners LLC, authored by Herbert J. Horowitz, Keith Dickey,Ph.d., and Cecilia C. Montalvo and printed May 2003. Let me close by saying that every veteran denied service in a VA facility is a veteran whose quality of life, quality of care and expected life span is compramized and diminished by a gutless and moraly bankrupt government and society- Do not let any of us be guilty of allowing this to open.

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